

ILLNESS POLICY FOR CHILDREN

Reason this policy is important:

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. This policy outlines illnesses and situations that require exclusion and those that do not.

Temporary Exclusion is recommended when:

- The illness prevents the child from participating comfortably in activities as determined by staff.
- The ill child requires more care than the staff can give, which may result in compromising care for other children.

The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:

- **Appears to be severely ill**
- **Fever AND behavior change or one or more of the following symptoms:**

- Auxiliary temperature of 100° Fahrenheit or higher. If under 4 months of age, refer to section on Life Threatening Signs.

Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. (Temperature strips are frequently inaccurate and will not be used). Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.

- **Diarrhea:** defined by more watery stools - decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool that is not contained in diaper or use of toilet. Children may return once the reason for change in bowel has been resolved and if the change is not due to Salmonella, Shigellosis or E. coli infections.
- **Blood in stool:** not explained by dietary changes, medication or hard stools.
- **Vomiting:** There are many reasons children vomit from eating something that does not agree with them to any number of illnesses. Exclude if child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
- **Abdominal pain (persistent):** that pain continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.

Conjunctivitis (Pink Eye): A child should be excluded for bacterial conjunctivitis (red eyes, green or yellow discharge)

They may return after treatment has started and are able to participate in activities. Other forms do not need to be excluded. (such as caused by allergies)

- **Hepatitis A:** Exclude until 1 week after onset of viral illness or until after immune serum globulin has been given to children and staff in the program, as directed by the local health department.
- **Impetigo:** Exclude until 24 hours after treatment has begun.
- **Measles:** Exclude until 5th day after rash disappears or local health department states patient is non-infectious.
- **Mouth sores:** Exclude if mouth sores is coupled with drooling.
- **Mumps:** Exclude until 9 days after onset of parotid gland swelling.

Pediculosis (Head Lice): Children should be excluded at the end of the day and until there are no nits present. An additional treatment is needed 7 to 10 days later to kill the eggs that have hatched. Using a nit comb is the most effective way to remove lice.

- **Pertussis: (Whooping Cough)** Children should be excluded until five days of appropriate antibiotic has been completed or until local health department states patient is non-infectious.
- **Pinworms:** Children should be excluded for 24 hours after treatment has begun.
- **Rash:** with fever and/or behavior change.
- **Scabies:** Children should be excluded until 24 hours after treatment is begun.
- **Streptococcal pharyngitis (Strep Throat),** excluded until 24 hours after treatment has been begun.
- **Tuberculosis:** Tuberculosis (TB) Exclude until the child's physician or local health department authority states the child is non-infectious.
- **Varicella-zoster (Chicken pox):** Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate.

You must notify parent/guardian in writing, either by letter or posting notice in a visible location, when their child/children have been exposed to a communicable disease.

Children with the above signs and symptoms will be separated from the group and cared for in _____ (location). Parent/guardian or emergency contact will be notified by _____ (staff title/name) to pick up child. _____ (staff title/name) will complete the Symptom Record and give to parent and keep a copy for the child's file.

CONDITIONS THAT DO NOT REQUIRE EXCLUSION

Reason this policy is important: When a child becomes ill but does not require immediate medical help, a determination must be made whether the child requires exclusion. Most illnesses do not require exclusion.

- Common Colds, Runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101° F orally, above 102° F rectally, or 100° F or higher taken auxiliary (armpit) or measured by any equivalent method. *Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself.
- Watery eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes).
- Rash without fever and behavioral changes.
- Lice or nits without lice (may delay treatment until the end of the day).
- Ringworm (may delay treatment until the end of the day).
- Thrush (i.e., white spots or patches in the mouth).
- Fifth Disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection.
- Chronic Hepatitis B virus infection.
- Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV infected child or others decided on a case-by-case basis by health professionals.
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the American with Disabilities Act (e.g., HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

When the policy applies:

This policy is in effect at all times.

Communication plan for staff and parents:

Staff and volunteers will receive a written copy of this policy in their orientation packets before beginning work at the facility. All parents will receive a written copy of this policy in the parent handbook and a copy of this policy will be posted on the parent bulletin board in each classroom. Parents, staff, and volunteers will receive written notification of any updates.

References:

American Academy of Pediatrics (2005) Managing Infectious Diseases in Child Care and Schools, a quick reference guide.

Reviewed by: _____ Director/Owner

_____ Health Professional (physician, nurse, health department, EMS,
Health consultant)

_____ Staff member

_____ Other (parent, advisory committee, police, CPS)

Effective Date and Review Date:

This policy is effective _____ and will be reviewed annually or as needed.

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